IN THE UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS

In Re:)		
FELINDA CARLIS JACKSON,)	No.:	15-30283
Debtor.)		

CERTIFICATE OF SERVICE

The undersigned certifies that an Amended Schedule I was served on the parties listed below on March 4, 2015, in the above cause either electronically or by depositing same in the United States Mail, first class, postage prepaid, in an envelope to the following:

Dana S. Frazier, Trustee PO Box 159 Murphysboro, IL 62966

/s/ Christopher B. Smith

Attorney for Debtor - #6290785

DIXON & JOHNSTON, PC 101 West Main Street Belleville, IL 62220 (618)233-1103 (618)233-9368

Case 15-30283-lkg Doc 6 Filed 03/04/15 Page 2 of 3

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Un	ited States Bankruptcy Court for the	: SOUTHERN DISTRIC	T OF ILLINOIS						
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	nown)					An amende			
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0	fficial Form B 6I					MM / DD/ Y		3	
A	mended Schedule I	: Your Income	e			101107 007			12/13
sup	as complete and accurate as possiblying correct information. If you buse. If you are separated and you ach a separate sheet to this form.	are married and not filing with a spouse is not filing with a spouse is not filing with a spouse is a spouse in the spouse in the spouse is a spouse in the spouse is a spouse in the spouse in the spouse in the spouse is a spouse in the spouse i	ng jointly, and your th you, do not inclu	spouse ide infoi	is living mation	g with you, incl about your sp	ude inform ouse. If mo	ation about y	our eeded,
Pa	rt 1: Describe Employment								
1.	Fill in your employment information.		Debtor 1			Debtor 2	? or non-fili	ing spouse	
	If you have more than one job,	Employment status	Employed		United Applications of the Park	Empl	oyed		HAROLY II CHENDOLIO AND CHE
	attach a separate page with information about additional		Not employed			☐ Not e	mployed		
	employers.	Family Advocate	9						
	Include part-time, seasonal, or self-employed work.	Employer's name	Christian Activiti	es Cent	er	_			
	Occupation may include student or homemaker, if it applies.	Employer's address	540 North 6th Street East Saint Louis, IL 62205						
		How long employed th	ne <mark>re? since 9</mark>	/3/13					
Pa	rt 2: Give Details About Mon	thly Income	1 - 20 X						
Esti	imate monthly income as of the dause unless you are separated.	ate you file this form. If y	ou have nothing to r	eport for	any line	, write \$0 in the	space. Incl	ude your non-	-filing
lf yo mor	u or your non-filing spouse have mo e space, attach a separate sheet to	re than one employer, co this form.	mbine the informatio	n for all	employe	rs for that perso	n on the lin	es below. If yo	ou need
					Fo	or Debtor 1	For Deb	tor 2 or g spouse	
2.	List monthly gross wages, salar deductions). If not paid monthly, o	y, and commissions (be alculate what the monthly	fore all payroll wage would be.	2.	\$	2,320.43	\$	N/A	
3.	Estimate and list monthly overti	me pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	e 2 + line 3.		4.	\$	2,320.43	\$	N/A_	
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Case 15-30283-lkg Doc 6 Filed 03/04/15 Page 3 of 3

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{2,839.18}{monthly income}\$	Deb	tor 1	Felinda Carlis Jackson		Case number (if known)	15-30283	
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8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{1,166.12}{\text{1}}\$\$ \$\text{N/A}\$\$ 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 8f. \$ 0.00 \$ N/A 8g. \$ 0.00 \$ N/A 14. \$\frac{1,166.12}{\text{N/A}}\$\$ \$\frac{1}{\text{N/A}}\$\$ \$\frac{1}{\text{N/A}							
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